

HECAT: Chapter 1

General Instructions

Introduction

The review and selection of health education curricula for use in any school district should be based on clearly identified goals, behavioral expectations, and outcomes for health education. In order to use the HECAT, a school must have a scope-and-sequence that identifies student expectations and outcomes for health education at each grade level.

The scope-and-sequence should take into account district benchmarks, local, state and/or national health education standards or guidelines, and education codes that influence the teaching of health education. The scope-and-sequence

should be responsive to the current health risks reflected by local student data and students' health needs. The scope-and-sequence will help determine curriculum priorities and help guide the refinement of the HECAT items to be used in assessing health education curricula.

If a school district or school does not have a health education scope and sequence then one should be developed prior to using the HECAT. See *Appendix 6* for more guidance on developing a scope-and-sequence for health education and using the HECAT to assist with this process. If a scope and sequence for school health education has been established, proceed with the instructions on page 1-2.

General Instructions

These instructions guide the overall coordination and organization for carrying out a complete examination of school health education curriculum. Effective curriculum appraisal requires both personnel and time.

BEFORE STARTING THE CURRICULUM APPRAISAL PROCESS

1. Identify a HECAT coordinator.

The HECAT coordinator will lead the HECAT committee (review team) through the curriculum appraisal process. The coordinator should understand the health education needs of the students as well as the interests and concerns of the school leadership, parents/guardians, and community regarding student health. This individual should have several years of experience in health education and knowledge of how a health education curriculum is developed and how it should be used. The coordinator should be able to

- Select the health education curricula to be reviewed.
- Complete the *General Curriculum Information*, found in Chapter 2.
- Assemble the HECAT committee to serve as the health education curriculum review team. An existing curriculum review committee, or some of its members, may be the most appropriate individuals to make up the HECAT team.
- Ensure that appropriate numbers of curricular and HECAT materials are available for use by the team.
- Provide necessary background information and guidance to help team members complete a thorough and consistent review.
- Make curriculum review assignments to ensure that the most appropriate and knowledgeable team members review each aspect of the curriculum.

- Prepare a curriculum review schedule to ensure that discussions and decisions are completed in a timely manner.
- Assemble the completed HECAT scores and comments and make these summaries available to all team members for review and discussion.
- Facilitate or identify a skilled facilitator for the review process and team discussions. If selecting an individual external to the review team, choose one who has expertise and experience as a group facilitator, can manage discussions, maintain focus, and process decision-making.
- Use the HECAT results and the team's discussions to summarize the curriculum decisions.
- Distribute or report results to appropriate decision makers and stakeholders and, if necessary, to those who are responsible for making revisions.

2. Form a HECAT committee and identify the roles and responsibilities of each member.

A team of people will be responsible for analyzing curricula and making recommendations based on the HECAT scores. The team might be

- A new group of people assembled for this purpose.
- An existing district or school curriculum committee.
- A subcommittee of the district or school health council.
- Members of a school health team.

The number of reviewers can vary, but the team membership should be among those individuals from the school and community who

- Understand schools, the educational and health needs of students, and the norms and values of their community.
- Supervise curriculum and instruction for the school district or school.

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- Can make final decisions about the curriculum for the school district or school.
- Have expertise in health education curriculum and instruction.
- Are knowledgeable about relevant health education content.

Figure 1 lists the type of people who may be considered possible members of a health education curriculum review team.

3. Obtain curriculum for review and assessment.

Obtain an adequate number of copies of each curriculum for team members to review. A complete curriculum might include learning objectives, step-by-step instructions for teachers, related learning packets, videos/CDs/DVDs, and other materials for use in classroom instruction or for student learning. If each team member cannot obtain a complete curriculum to review separately, members can share the materials and complete the HECAT on a predetermined review schedule.

Obtain complete information about the costs of commercially developed curricula,

including learning materials for students, any supplementary materials, training requirements, and training opportunities.

4. Determine the HECAT items that are essential for analyzing the curriculum.

The selection of an effective and appropriate health education curriculum starts with clear expectations of the HECAT review process and HECAT tools used for analyzing curricula. Clarifying expectations will help keep the review process focused on what is relevant, appropriate, and essential.

Identify the grade groupings and health topic areas that are addressed by the curriculum under review. This will guide the selection of appropriate HECAT chapter(s), modules, and specific items.

Review the HECAT to determine any additions, deletions, or modifications to the analysis items needed to address

- State or local health education requirements and priorities.
- Community needs and values.
- Any additional issues relevant to a locally developed curriculum.

Figure 1: People Who May Serve on a Health Education Curriculum Review Team

| | |
|---|--|
| • School or district curriculum specialist | • School nurse or healthcare provider |
| • School administrator | • Physical education teacher |
| • School board member | • School counselor/social worker |
| • Health education teacher or teacher of health-related topics | • Representative of parents/guardians or parent-teacher groups, such as the PTA or PTO |
| • Elementary teacher | • Faith community representative |
| • Student | • Community healthcare provider |
| • Representative from a community-based health and safety agency, such as the American Cancer Society | • Community public health agency representative, such as the Health Department Tobacco Control Coordinator |
| • Medical professional | • Researcher/professor from a university or college (with appropriate health-related knowledge and skill) to serve as a content expert |

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Eliminate items that are irrelevant or inappropriate. For example, it might not be necessary to analyze the affordability of a locally developed curriculum.

5. Finalize curriculum analysis tool for use by the reviewers.

Prepare the final version of the HECAT for the review team members. Consolidate essential chapters, pages, and items and make an adequate number of copies so that reviewers can complete a written analysis of all curricula under review. Additional space might be needed for locally developed curricula so that reviewers can record information to use when making improvements.

6. Provide orientation and direction for team members.

The coordinator provides an overview of the HECAT review process, schedule, and expected results. The orientation for all reviewers should include

- A timeline for completing reviews.
- A description of how the HECAT instruments and scoring process work.
- How reviewers can get assistance if they have questions.
- What reviewers should do with their results and curriculum materials after completing their reviews.

When reviewing locally developed curriculum, reviewers should be encouraged to make complete notes of additions, deletions, and changes that they think would enhance the curriculum.

It is important that all reviewers become familiar with the curriculum before review. The orientation should help reviewers become familiar with the information from the *General Curriculum Information* (Chapter 2) and allow time for them to become familiar with all the curriculum materials. To increase the likelihood of getting thorough and consistent reviews, the coordinator should also describe the concepts and skill

analysis items from each health topic modules that will be used.

Team members will probably have different levels of expertise in health education. An orientation can help all team members understand the essential characteristics they should consider in rating a health education curriculum, why the characteristics are important, and how the HECAT addresses them. In the orientation, emphasize the importance of analyzing a curriculum's approach to addressing norms, functional concepts, and essential skills rather than factual, but unusable, information. If appropriate, include an overview of the *National Health Education Standards*, state health education standards, and local, benchmarks.

Reviewers who are least familiar with state-of-the-art health education instructional strategies and curriculum materials might need extra assistance in learning to identify the extent to which a curriculum addresses the fundamentals found in Chapter 5 and the essential concepts and skills in relevant health topic modules. They might need additional information, examples, and practice to complete the analysis items reliably. For example, provide a list of what might be included in a "culturally relevant" curriculum or describe an actual instructional strategy that might be used to "demonstrate" a skill. It might be beneficial to pair an expert or experienced reviewer with an inexperienced reviewer when making review assignments.

7. Determine curriculum review assignments for team members.

There is no one set way to assign reviewers to complete the HECAT. The curriculum review team may decide to complete an entire HECAT chapter or module together at one time or do sections separately over an extended period of time. More than one person from the curriculum review team should review

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and complete each HECAT chapter or module for each curriculum.

Individuals with expertise in health education content should complete the *Accuracy Analysis* in Chapter 4. Individuals with expertise in community norms and values should be asked to complete the *Acceptability Analysis* in Chapter 4. Complete Chapter 4 before members begin reviewing Chapter 5 and relevant health topic modules in Chapter 6. This could reduce the workload because a curriculum might be found to be so faulty, unacceptable, or expensive in Chapter 4 that it does not merit further analysis.

When reviewing a curriculum that addresses multiple health topics, individuals with expertise in specific topic areas might review the parts of the curriculum that are relevant to their areas of expertise. Figure 2, on the next page, identifies people who could be included in the analysis of specific sections of the HECAT.

8. Develop a timeline for the review process

The time required for a curriculum review will depend on several factors:

- Each reviewer's understanding of health education and relevant health topics.
- Each reviewer's familiarity with the HECAT.
- Each reviewer's familiarity with the curriculum being reviewed.
- The breadth and scope of the curriculum under review. For example, a multi-grade curriculum will require more time than a single-grade curriculum, and a comprehensive curriculum will require more time than a single topic curriculum.
- The amount of curricular materials—more time will be required for a curriculum that includes multiple parts, such as videos/CDs/DVDs, workbooks, and separate guides for teachers, than will a single-packaged curriculum with no extra materials.
- The orderliness of a curriculum—more time will be required for a curriculum that is unorganized, fragmented, or incomplete than for one that is well organized.
- The extent to which curriculum materials are easily available for all reviewers. The process will take longer if members have to share curriculum than if they have their own complete package of materials.

Figure 2: People who could be included in the HECAT analysis

| Chapter or section of the HECAT | Who could be included in analysis |
|--|---|
| Chapter 2: <i>General Curriculum Information</i> | <ul style="list-style-type: none"> • Curriculum Review (HECAT) Coordinator • Health education and classroom teachers |
| Chapter 4: <i>Preliminary Curriculum Considerations, Accuracy Analysis</i> | <ul style="list-style-type: none"> • Local healthcare and public health professionals • Institution of higher education (IHE) health and education experts • Health education teachers |
| Chapter 4: <i>Preliminary Curriculum Considerations, Acceptability Analysis</i> | <ul style="list-style-type: none"> • District administrators • Health education teachers • Equity specialists • Parents/guardians • Local faith community leaders • Students |
| Chapter 4: <i>Preliminary Curriculum Considerations, Feasibility Analysis</i> | <ul style="list-style-type: none"> • HECAT Coordinator • Health education and classroom teachers |
| Chapter 4: <i>Preliminary Curriculum Considerations, Affordability Analysis</i> | <ul style="list-style-type: none"> • HECAT Coordinator • District business administrators |
| Chapter 5: <i>Curriculum Fundamentals</i> | <ul style="list-style-type: none"> • Health education and classroom teachers |
| Chapter 6, Curriculum Module, Standard 1 | <ul style="list-style-type: none"> • HECAT Coordinator • Health education and classroom teachers • IHE health and education experts • Parents/guardians • Students • Local faith community leaders • Healthcare and public health professionals |
| Chapter 6, Curriculum Module, Standards 2–8 | <ul style="list-style-type: none"> • HECAT Coordinator • Health education and classroom teachers • IHE health and education experts |
| Chapter 3: <i>Overall Summary Form: Individual Curriculum Summary Scores and Multiple Curriculum Comparison Scores</i> | <ul style="list-style-type: none"> • HECAT Coordinator • Health education teacher |
| Overall discussion and decision making about the implications of the HECAT results | <ul style="list-style-type: none"> • HECAT Coordinator • Health education and classroom teachers • Parents/guardians • Students • Local faith community leaders • Equity specialists • IHE health and education experts • District administrators • Healthcare and public health professionals |

AFTER COMPLETING THE CURRICULUM ANALYSES

Use the HECAT results to make recommendations for curriculum selection or revision. HECAT users will need to develop a selection or revision process that works best in their setting. The steps below are general recommendations:

1. Convene a meeting with health education curriculum review members to discuss the completed HECAT analyses. Include any additional individuals who will be responsible for revising locally developed curricula.

2. Review the scores and comments. Review the scores for Chapter 4 (*Preliminary Curriculum Considerations*) and determine whether to eliminate any curricula based on concerns about the accuracy and acceptability of content, feasibility, and cost.

Determine review committee members' recommendations for overcoming problems identified in Chapter 4. All team members should share their comments from the *Accuracy Analysis* and *Acceptability Analysis* of locally developed curricula so that appropriate updates can be made during revision.

3. Reach a consensus on final scores for Chapter 4 for each curriculum.

If reviewers' scores are not consistent, try to reach consensus. Focus the discussion on those items for which there is a difference of 2 or more points, such as "0" and "3" or "1" and "4". If consensus is not possible, average the scores. If scores are already consistent among review members, use the opportunity for team members to explain their scores.

Once consensus is reached, team members can make specific recommendations on how to improve the curriculum to achieve a score of "3" or "4" in each area. If scores for a locally developed curriculum are consistently low

("0" or "1"), consider eliminating the current curriculum and developing a new one.

4. If not done prior to review, identify any items from Chapters 4 and 5, and the Health Topic Module, that the team believes are substantially more important than other items.

The HECAT analyzes areas that reflect a high quality curriculum and characteristics of effective health education curricula. However, the analysis tool does not weigh one area over another. For example, in Chapter 5 -*Curriculum Design* has the same scoring value as *Norms that Value Healthy Behavior*. The review team should determine the relative importance of scores based on their specific educational priorities, needs, and values and decide which areas or criteria warrant more attention. This often becomes more evident to review team members after analysis is completed. For example, the team might decide that the *Norms that Value Healthy Behaviors* score is more important than the *Curriculum Design* score, or in the Chapter 6, *Health Topic Module*, the *Skill Application* score is more important than the *Instruction/Assessment* score.

By highlighting the more important areas and items on the overall summary form, the review committee can use these highlighted HECAT scores to refine the ranking of curricula and focus the revision priorities.

5. Rank curricula

If using the HECAT to review **one** curriculum, skip to step 6. If comparing more than one curriculum, **use** the *Chapter 3: Overall Summary Form: Multiple Curriculum Comparison Scores* and rank curricula from strongest to weakest. Consider the following when ranking curricula:

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- Each criteria and score stands on its own. Do not add the scores to calculate a “total” score or average score for each curriculum.
- Review the curriculum fundamentals (Chapter 5) and determine which curriculum scores highest in most of these fundamentals, especially in the areas that your team believes are of greatest importance.
- Review the concepts and essential skills (*Chapter 6, Health Topic Module[s]*) and determine which curriculum scores the highest in the application of concepts and skills, especially in the areas that your team believes are of greatest importance.

The National Health Education Standards were developed for comprehensive school health education curricula which address many health topics across multiple grade levels. When reviewing a topic-specific curriculum, consider its strengths and weaknesses in relation to the strengths and weaknesses of other health education curricula that also will be used. You might find that some weaknesses are eliminated when considered in the context of these other curricula.

Be sure to compare and rank only those curricula that have similar objectives. For example, compare and rank only the middle school tobacco-use prevention curricula to other middle school tobacco-use prevention curricula and compare and rank a high school healthy eating curricula with another high school healthy eating curricula.

- Review Chapter 4 scores to determine if accuracy, acceptability, feasibility, or affordability scores and comments should affect the ranking of a curriculum. For example, a curriculum’s overall ranking might be reduced because it requires

considerably more revision or supplementation than another curriculum that was initially ranked lower but requires no revision.

6. Make curricula and analyses available to public for comment.

Because the curriculum to be selected may be of local community concern, some school districts will find it valuable to provide community members (other than those already on the HECAT review team) an opportunity to review and comment on the curriculum. To facilitate external review by the public, the HECAT coordinator could develop and share a brief summary, detailing the key elements and distinctive features (both positive and negative) of each curriculum, as well as the HECAT review team’s recommendations and rankings. The HECAT coordinator could then solicit the community’s feedback.

7. Review public comments and consider whether the HECAT review committee should revise its ranking of the curricula based on the input received.

The HECAT coordinator and members of the review team should examine all public comments, considering the implications of comments for ranking each curriculum.

8. Use final ranking and public comments to make curriculum recommendations for selection or improvement.

Use the final ranking to make recommendations for the selection of a packaged curriculum or revisions to a locally-developed curriculum. Assemble these recommendations with a written description of the curriculum, consensus summary of the curriculum’s strengths, and additional comments, such as recommendations for use, teacher training, correction of inaccuracies, and plans for supplements to fill gaps.

9. **Make assignments for curriculum revisions, supplementation, and improvement.**

Revisions, supplements, or improvements to a curriculum should be assigned to a writing team made up of review team members or other health educators who have experience and expertise in writing curricula. If content accuracy needs improvement, then a content expert should also be included on the writing team.

The writing team should

- Examine the review team's written concerns and recommendations.
- Identify strategies and materials that appropriately address all concerns and recommendations.

- Develop a plan for integrating the strategies and materials into the curriculum.

The plan and materials should be reviewed and approved by the review team.

Once the plans, strategies, and materials are approved, the writing team should proceed with revisions. (Seek approval from the publisher if you are considering revising a commercially-packaged curriculum or replacing some published lessons with locally-developed lessons.) Once revisions have been made, the review team should have the opportunity to review the revised curriculum before submitting it for approval or use by classroom teachers.